

**Southeast Indiana Outreach**  
**Instructions for Positioning Schedule Daily Data Sheet**  
**02-13-2006**

**Who Requires a Positioning Schedule?**

- Person who is unable to complete independent (without any assistance or any reminders) weight shifts for pressure relief
- Person who has a Braden scale of 18 or lower
- Person who currently has or has a history of any skin breakdown related to pressure, poor nutrition or hydration, shear or friction, moisture or poorly fitting equipment within the last 3 years
- Person is unable to move themselves INDEPENDENTLY into or out of a variety of appropriate positions throughout the 24 hour day
- Person who spends more than 2 hours out of 24 hours per day in a wheelchair
- Person who spends more than 12 hours out of a 24 hour day in a recumbent position, including time in bed, in recliner, lying down on any other device or piece of furniture or therapy equipment
- Person who has impaired sensation
- Person who has adaptive splinting or other positioning devices to address contractures, deformities or need for therapeutic positioning for eating, digesting or elimination
- Person who is unable to sit upright for any reason
- Person who demonstrates postural or skeletal deformities related to an inability to resist forces of gravity such as scoliosis, kyphosis, windswept or frog leg pelvic deformity or contractures who uses therapeutic positioning interventions, splints or braces, for example
- Person who has 2 or less positions they can tolerate

**What is current best practice for developing an appropriate positioning schedule?**

The positioning schedule is developed by the interdisciplinary team based on current, thorough and comprehensive assessments including nursing, occupational therapy, physical therapy, speech language pathologist, registered dietitian, direct care and day habilitation or day workshop activity staff. The person(s) with expertise in therapeutic and seating/mobility positioning provide the information regarding what positions need to be provided throughout the 24 hour day, the sequencing and duration of the positioning and the specific rationale and benefits/clinical indicators for each position to be implemented. The developed schedule addresses and incorporates the wants, needs and desires and vision of the person centered plan. The team individualizes and integrates the positioning strategies and needs into a comprehensive positioning schedule. Best practice in the prevention of adverse effects of static positioning requires changes of position at least every 1 to 2 hours, but more frequently than that if individual has ongoing high risk factors related to positioning.

**What information needs to be included on the positioning schedule? (sample format attached)**

The positioning schedule needs to include the following information:

- Name of client, revision date of the schedule and the person and title of the person who revised the Positioning Schedule Daily Data Sheet
- The beginning and ending time for each position
- The specific position including amount of elevation for each position
- The schedule covers each 24 hour period of the day, including positions to be used in bed and when not in their own home
- Data collection for each position change that is implemented with one month data collected on one form
- Staff initials responsible for the positioning program implementation and documentation for that shift
- Reliability verification documentation for all shifts and day service staff
- Specific position scheduling includes the position for:
  - ⇒ Bathing/Showering
  - ⇒ Toileting and personal care including undergarment changes
  - ⇒ Oral Care
  - ⇒ Medication Administration
  - ⇒ Whether or not person is to be elevated at ALL times

**Revision and Review of the Positioning Schedule:**

The positioning schedule must be reviewed and revised if needed if any one or more of the following occurs:

- There is a significant change in status (visit to ER, hospitalization, unplanned weight loss of 10% in 6 months or more than 5 pounds in one month, any existing pressure area that worsens, any pressure area discovered where there was none in the past, any change to positioning program or to positioning equipment, change to daily activity schedule, any lab work indicating nutritional deficits or dehydration are examples)
- At least quarterly
- The review date and reviewer is documented

**Staff Competency training**

- All staff assisting client for repositioning must be trained to competency using the positioning competency checklist
- When the schedule is revised, staff must be trained to competency regarding the changes.

**Tracking and Monitoring**

- A regular monitoring system needs to be implemented across all shifts and time patterns and locations to ensure correct and consistent implementation of the Positioning Schedule using unannounced program monitors with issues reviewed and resolved in a timely manner.
- Positioning data tracking needs to be completed on monthly basis with any issues with implementation addressed in a timely manner.